FILED
Jul 25, 2003 8:00 am
Secretary of State
07-25-2003 90088 049 ***400.00
07-10-2003 90119 014 ***158.75

90146552

[redacted]

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000037772

1. Entity Name
BEST BEAUTY SUPPLY & FASHION, INC.

Principal Place of Business	Mailing Address
1964 W TENNESSEE STREET #17 TALLAHASSEE FL 32304	1964 W TENNESSEE STREET #17 TALLAHASSEE FL 32304

2. Principal Place of Business	3. Mailing Address
1964 W. Tennessee st.	The same
Suite, Apt. #, etc.: # 17	Suite, Apt. #, etc.
City & State: Tallahassee	City & State
Zip: 32304 — Country: Leon	Zip — Country

☐ CHECK HERE IF MAKING CHANGES

[redacted] 04-3639227 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAEK, EUNKI
1964 W TENNESSEE STREET #17
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Baek Eunki 7/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT BAEK, EUNKI 1964 W TENNESSEE STREET #17 TALLAHASSEE FL 32304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS BAEK, GIYOUNG 1964 W TENNESSEE STREET #17 TALLAHASSEE FL 32304 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Baek Eunki 7/8/03 850-575-8949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/03)